



THIRD JUDICIAL CIRCUIT COURT
FRIEND OF THE COURT

REQUEST FOR **CHILD SUPPORT ENFORCEMENT**

Please read this instruction sheet first.

You claim that the other parent has violated your court order regarding child support. A “REQUEST FOR CHILD SUPPORT ENFORCEMENT” is attached. Your situation **must** meet these four requirements:

- **YES**, I have a Wayne County domestic relations case for my child(ren).
- **YES**, I have a current court order for child support in my case or child support was previously ordered in my case.
- **YES**, the current support order says that support must be paid through the Friend of the Court.
- **YES**, the other parent has failed to pay the court ordered child support and arrears exceed two months of support.

If your situation meets all the requirements above and you follow the instructions below, the Friend of the Court will schedule your Enforcement Request for a hearing before a Friend of the Court Referee.

This Request for Child Support Enforcement must be filed with the Wayne County Clerk.

DO NOT file the Child Support Enforcement Questionnaire with the Clerk’s Office.

NOTE: These instructions have been updated to reflect the current filing options. As filing options can change, please visit the Court’s website at www.3rdcc.org/divisions/family-domestic/emergency-and-non-emergency-filings for the most up to date filing information.

NOTICE TO THE PETITIONER (the parent who filed this request for enforcement):

- Be advised that the opposing party will receive a copy of this Request for Enforcement and Questionnaire.
- If you do not appear for the scheduled hearing, your Enforcement Request may be dismissed.
- Additionally, be advised that if the opposing party is receiving means-tested income (i.e. SSI or cash assistance), enforcement remedies may be limited.

THIS PACKET IS ONLY FOR ENFORCEMENT OF PAST DUE CHILD SUPPORT

IF CHILD SUPPORT WAS NEVER ORDERED, OR YOU WANT TO MODIFY THE CURRENT CHILD SUPPORT ORDER, YOU MUST FILE A MOTION TO MODIFY CHILD SUPPORT (FD/FOC 4035). Modification forms are available on our website at www.3rdcc.org and clicking on the Forms tab.

INSTRUCTIONS:

1. Fill out pages 1. **USE BLACK OR BLUE INK ONLY.**
2. Write your Case Number in the upper right corner of every page.
3. Fill out the Child Support Enforcement Questionnaire. Do not file this form with the Clerk's Office. The Questionnaire must be emailed to FOCSupportEnforcement@3rdcc.org before your hearing date.
4. Make 3 sets of copies.
5. Always keep a copy of every paper you file with the Court and bring your copies with you to the hearing.

IF YOU ARE FILING ONLINE (RECOMMENDED):

1. The electronic filing system can be found at www.3rdcc.org/agency-resources. Click on Outside Agency Web Access under Applications Access to set up an account and to access the Domestic Case Filings System. Review User Guide for Domestic Case Electronic Filers under How to Tutorials for detailed instructions on how to access the system.
2. **Note: this request must be filed as a pleading (not a motion).**
3. You will receive an email once your Request has been accepted for filing.
4. Once you receive the email that your Request has been accepted, you must submit a Friend of the Court ePraecipe at <https://www.3rdcc.org/efiling/epraecipe> to schedule your motion for hearing before the referee assigned to your case.
5. Once you have submitted the ePraecipe, you will receive a completed copy back with your hearing date on it. Please note that the final hearing date may be different from what was requested on the ePraecipe, due to Court availability.

IF YOU ARE FILING IN PERSON:

1. Take your original and three copies of your "Request for Child Support Enforcement" to the Wayne County Clerk in **Room 201 (CAYMC 2nd Floor)**.
2. Put case labels (stickers) in the upper right corner of original documents and copies. Case labels are free and available in **Room 201**.
3. Give the Clerk your original "Request for Child Support Enforcement". There is no filing fee.
4. The Clerk will keep the original forms.
5. Take a copy of your "Request for Child Support Enforcement" to the FOC Scheduling Office in **Room 900A (CAYMC 9TH floor)**.

6. At the window of **Room 900A**, an FOC representative will take all of your paperwork and give you a hearing date.
7. **Go to your hearing with all documents that prove the request in your motion.** If you do not show up, or if you show up late, your motion will be dismissed.

IF YOU ARE FILING BY MAIL:

1. Mail your original forms and 3 sets of copies to: **Wayne County Clerk, Room 201, Coleman A. Young Municipal Center, Two Woodward Ave., Detroit, MI 48226.** There is no filing fee.
2. Keep copies of everything you mail to the Court.
3. Include a Self-Addressed Stamped Envelope and a letter asking the County Clerk to mail you a receipt and a copy of your motion stamped "filed."

QUESTIONS?

Call the Wayne County Friend of the Court at (844) 785-7593 or email CustomerService@3rdcc.org. Employees of the Friend of the Court and the Wayne County Circuit Court cannot give you legal advice or help prepare documents. General Court information can be found on the website: www.3rdcc.org.

Failure to complete all of the above steps may result in delay or dismissal of your motion.

The Court is required by law to use the Michigan Child Support Formula to set the child support amount, unless the Court finds that application of the formula would be unjust or inappropriate.

STATE OF MICHIGAN THIRD JUDICIAL CIRCUIT WAYNE COUNTY	REQUEST FOR CHILD SUPPORT ENFORCEMENT	CASE NO. HON.
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Please print or type information

Plaintiff name, address, telephone no., and email address Attorney name, address, telephone no., and email address <input type="checkbox"/> This party is incarcerated and a telephone hearing is required. _____ Prisoner ID# Department of Corrections' Prison Name	Defendant name, address, telephone no., and email address Attorney name, address, telephone no., and email address <input type="checkbox"/> This party is incarcerated and a telephone hearing is required. _____ Prisoner ID# Department of Corrections' Prison Name
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The other parent has failed to pay child support that was ordered by the Court and has the ability to pay.

1. This Request for Enforcement of Child Support is being filed by _____.
(Insert name)

2. I have a domestic relations case in Wayne County Circuit Court with the other parent, which orders child support for the following child(ren):

_____	_____
_____	_____

3. The other parent is currently ordered to pay \$_____ per month in child support, OR
 Child support is not currently ordered, but the other parent still owes arrears.

4. I am asking that the Friend of the Court do the following to enforce support:

You must fill out the Child Support Enforcement Questionnaire and email it to
FOCSupportEnforcement@3rdcc.org

My statements and answers on this form are true to the best of my information, knowledge and belief.

DATE

YOUR SIGNATURE

CHILD SUPPORT ENFORCEMENT QUESTIONNAIRE

We are asking you (the payee) for information about the payer on your case to help us collect your child support. Please fill out as much information that you know. If a court hearing is set, any information you provide in this form or at the court hearing can help the court make decisions. Information you provide in this form may be shared with the court and the other party on your case.

If any of your information has changed, please fill out the Address and Demographic Change Form (Form FD/FOC 4041), which is available online at www.3rdcc.org.

Payee Name: _____ Case No.: _____
 Payer Name: _____
 Payer's Address: _____
 Payer's Phone Number: _____ This phone is a: Cell Phone Other _____
 Payer's Email: _____

Please enter the following information **about the payer** on your case:

PAYER'S INCOME

Employment	Employer (Name, Address, Phone)	Start/End Date	Pay Type	Monthly/Hourly Amount and Hours/Week
Current job			<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Other: _____	
Last job			<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Other: _____	
Assistance	Assistance Type	Start/End Date	Amount for Each Assistance Type If the payer has applied but has not been approved, please indicate that below.	
State assistance (cash, SNAP/food, etc.)				
Other benefits (Workers' Compensation, Unemployment, etc.)				
Social Security	<input type="checkbox"/> SSI <input type="checkbox"/> SSD			

How does the payer support himself/herself (pay bills)? _____

DO NOT file this form with the Clerk's Office. Email to FOCSupportEnforcement@3rdcc.org

PAYER'S ASSETS					
Does the payer have/own?	Yes	No	Where is it located (address)?	Number/Model/Name	Value/Owed
Bank account					
House					
Vacant land					
Car, truck, motorcycle, or other vehicle (boat, ATV, etc.)					
Other assets (pension, settlement income, etc.)					

PAYER'S EDUCATION AND TRAINING			
Check all that apply to the other party:	Yes	No	Explain:
Reading/Writing difficulty			
Learning disability and/or special education in school			
Computer skills			
Professional licenses/certifications			
A high school diploma or GED			
Some college or Associate's Degree			
A college degree (Bachelor's, Master's or Doctorate)			
Trade school training			

PAYER'S PERSONAL BACKGROUND			
Please answer these questions that apply to the other party:	Yes	No	Explain:
Married?			
Rent? If no, explain where (s)he lives.			
Valid driver's license? If the license has ever been suspended, please explain.			
Access to a vehicle or other reliable transportation?			
Veteran?			
Prison? If yes, please list approximate entry and release dates.			
Probation (or parole)?			
Owe court costs, fines, fees, or restitution? If yes, how much?			
Access to the Internet?			
Medical problems affecting his/her ability to work? If yes, explain if (s)he is under a doctor's care.			
Hospitalized in the past six months?			
Past or present alcohol/drug use issues?			
Owe other debts (credit cards, medical bills, etc.) or judgments? If yes, how much?			

I declare the statements in this form are true and complete to the best of my knowledge, information, and belief.

Signature: _____ Date: _____

Printed Name: _____